



# AC Financial Services / Reference Guide

For Services referred to:

## Diabetes Treatment Center

Adults only

See attached guide for which visits need to be referred by specified provider.

**ALL bolded CPT codes must be verified regardless of what the patient is scheduled for.**

**ALL SERVICES PROVIDED AT DTC REQUIRE DIABETES DIAGNOSIS.**

Procedures	CPT Code	Description
DSMT individual	<b>G0108</b>	DSMT, individual session, per 30 minutes initial assessment and intervention,
DSMT Group	<b>G0109</b>	DSMT, group session (2 or more), per 30 minutes
Medical Nutrition Therapy	<b>97802</b>	Medical nutrition individual, face-to-face with the patient, each 15 minutes.
Medical Nutrition Therapy FU	97803	subsequent individual visits (including reassessments and interventions)
Medical Nutrition Therapy Group	97804	Group (2 or more individual(s), each 30 minutes
Register Nurse visit	G0463	Initial visit w/registered nurse Hospital outpatient clinic visit for assessment and management of a patient
A1c POC	83036	Cap-illary HgbA1c Fingerstick
Continuous Glucose Monitor Professional	<b>95250</b>	Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; <b>physician or other qualified health care professional (office) provided equipment</b> , sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording.
Continuous Glucose Monitor Interpretation	95251 – not billed	NP interprets results of CGM Professional w/PT
Continuous Glucose Monitor Personal Education/Training	<b>95249</b>	Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; <b>patient provided equipment</b> , sensor placement, hook-up, calibration of monitor, patient training, and printout of recording.
Pharmacist Initial		No need to check benefits or coverage.
Pharmacist FU		No need to check benefits or coverage.
T1 Advanced Skills	Service not billable – Contract based	No need to check benefits or coverage.
T1 Insulin Titration	Service not billable– Contract based	No need to check benefits or coverage.
T1 Pump Advanced	Service not billable– Contract based	No need to check benefits or coverage.
T1 Pump Basic	Service not billable– Contract based	No need to check benefits or coverage.



Medicare beneficiaries diagnosed with diabetes **must be ordered by the physician or qualified non-physician practitioner treating the beneficiary's diabetes**. Benefit for CPT Codes G0108 and G0109 DSMT is as follows:

- Up to 10 hours/20 units of initial training within a continuous 12-month period – These 20 units can only be used once per lifetime.
- Subsequent years: Up to 2 hours/4 units of DSMT each calendar year after the initial 12 months/20 units.
- If patient has exhausted this benefit, secondary or supplementary insurance must be called to verify eligibility and benefit and to verify whether that plan will pick up remaining DSMT units. A lot of secondary plans will not pick up these units and will not provide any in addition to primary plan.
- G0108: individual DSMT can ONLY be billed if patient's referral states patient has cognitive or visual impairment. Medicare will only cover 2.5 units/1 visit/1 individual class per lifetime. The rest of the classes must be G0109: Group DSMT or MNT visits.

### **Diabetes Self-Management Therapy (DSMT)**

DSMT classes consist of 10 hours or 18 units of education spread out over 4 classes across 3 months. The first 3 classes are scheduled within one month and the 4<sup>th</sup> class is scheduled 2 months after completion of class 3 scheduled on HAR. Patients who reschedule may take weeks longer to complete all 10 hours/4 classes. This is important because some insurance policies have visit limits or will restrict the amount of hours their member can spend at an outpatient facility specifically for DSMT in 1 day or in 1 month.

DSMT class breakdown:

Class 1 - 4: 2.5 hours/4 units each Total: 10 hours/20 units

DSMT classes include 2 POC A1c labs on class 1 & 4 unless policy states otherwise.

DSMT classes are offered monthly and must be taken consecutively. If a patient misses a class, their subsequent classes have to be rescheduled as well. This can be a problem with some insurance policy limitations. Some insurance policies also limit the amount of A1c labs that are covered. This lab is included in the G0108 G0109 codes. However, rarely a policy will not allow patient to repeat this lab with us in addition to the A1c their provider orders for diabetes management outside of DSMT classes.

### **Medical Nutrition Therapy (MNT)**

MUST be ordered and signed by MD or DO ONLY. This service cannot be billed if signed by any other clinician.

Medicare covers 3 MNT hours per calendar year. If patient has exhausted this benefit, secondary or supplementary insurance must be called to verify eligibility and benefit and to verify whether that plan will pick up additional MNT hours.

MNT and DSMT cannot be billed in the same day.



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## **Continuous Glucose Monitor Professional**

This is a trial for the Continuous Glucose Monitor device consisting of a 6 day wear. The placement is billable but the interpretation is not. This is not a Durable Medical Equipment benefit. The patient does not receive any equipment at all. This is for data purposes or for trial for patient to understand what CGM is.